

As a result of my contact with the Jersey City Police Department,
I would like to register a ☐ Commendation ☐ Complaint.



My Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

D.O.B. _____ SSN# (optional) _____ Age _____ Sex _____ Race _____

Employer/School _____ Address _____

City _____ State _____ Zip _____ Phone _____

Officer's Name _____ Badge _____ Assignment _____

Officer's Name _____ Badge _____ Assignment _____

Location of Incident _____ Date _____ Time _____

Description of the incident, and the reason for the complaint/commendation
(If you need additional space, attach another paper to the form):

Are there any witnesses to this event? If so, please provide contact information for them:

Are you represented by an attorney relating to this incident? If so, please provide his name and
phone number _____

Were any police reports completed? If so, please provide the file number _____

Description of any injuries _____

Date and Place of treatment _____ Doctor's Name _____

Signature _____ Date _____

Received By _____ Date _____